MANITOBA ADVISORY COUNCIL ON THE STATUS OF WOMEN
210-500 Portage Avenue, Winnipeg, Manitoba R3C 3X1 Phone (204) 945-6281
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SUBMISSION TO THE ROYAL COMMISSION ON NEW REPRODUCTIVE TECHNOLOGIES

Presented by

The Manitoba Advisory Council on the Status of Women

Winnipeg, Manitoba
October 23, 1990

Chairperson, Members of the Royal Commission

The Manitoba Advisory Council on the Status of Women is an "arms-length" organization responsible for advising the Manitoba Government on matters of concern to women. The objective of the Advisory Council is to advance the goal of equal participation of women in society and to promote changes in social, legal and economic structures to that end. The Council strongly supports women's right to reproductive choice and health. Women must be made aware of the far-reaching implications of the new reproductive technologies. The voice of women must continue to be heard.

The Council has been involved in the issues surrounding reproductive technologies since 1983, when it made recommendations to the Government of Manitoba. In 1988, it brought women's groups together to study the issues. In July 1989, Council released the paper *"New Reproductive Technologies: Issues and Questions"*, for information purposes and use as a discussion tool. In the paper we attempted to focus on as many of the important issues in the reproductive area, both old and new, as possible. Most recently we have sent a letter to the Senate concerning Bill C-43 reiterating our position on reproductive legislation (see Appendix A). We have included* the 1989 paper and the 1983, *Reproductive Health: Recommendations to the Government of Manitoba* with the brief that we present today. The brief will focus on three general but important areas: the problems women, in particular, have appearing before commissions, the response from women in general, and prevention versus treatment.

Royal Commissions:

The Council wishes to recognize the extraordinary effort of the Royal Commission to hear from as many people as possible in a variety of ways from private meetings with individuals to the toll-free hot line; to facilitate the flow of information to the public and to allow for informal consultation. In August 1990, the Advisory Council arranged for Jennifer Cooper, Executive Director of the Women's Health Clinic, and a member of the Winnipeg Working

* Not included -- although publications are available from the Advisory Council office.

Group on Reproductive Technologies, to attend the important consultation with the Royal Commission on women and health, in Vancouver.

The Council notes that the majority of members on this Royal Commission are women. The Council believes that this fact has contributed to the creative measures taken to ensure that the widest possible range of people might express their views. We congratulate the Royal Commission on setting this important precedent.

In September, the Advisory Council arranged a consultative meeting between Dr. Baird, Sylvia Gold, representatives from the legal, scientific and academic spheres, members of the Winnipeg Working Group and other interested individuals. That consultation increased the level of confidence in the work of the Royal Commission and will enhance the productiveness of these hearings.

However, the Council would be remiss if it did not point out that most women must overcome numerous obstacles in order to appear before a Royal Commission. Lack of administrative resources, domestic and work-related responsibilities, and the short-time line afforded to prepare a presentation are but a few of the problems that women must overcome in order to appear. These problems are not a well-kept secret, yet are not acknowledged when hearings are set up. Perhaps when more women hold key positions in public decision-making processes, their needs will be recognized.

Women's Choice:

Many women do not understand that reproductive technologies cover a broad range of practices related to pregnancy and childbirth. In order for women to assume responsibility for their reproductive health they must clearly understand and believe that they have real reproductive choices.

Reproductive technologies should give women choices that enhance and support their equality, not further impede it. Women must resist surrendering control of their fertility to the medical field and government.

The increasing medicalization of pregnancy and childbirth has meant that these events are now being approached as if they were illnesses in need of treatment, instead of natural events in a woman's life that may require medical intervention in unusual situations. Since the new reproductive technologies in general are available only through medical practitioners or institutions, these developments are often seen as continuing that trend. Prenatal screening programs have strengthened the myth that pregnancy is a disease.

Some people wrongly believe that genetic screening will eliminate disability. Our research indicates that prenatal screening may cause unnecessary anxiety for the woman and in some cases result in harm to the mother and foetus. Furthermore, it is our understanding given the limited ability of prenatal screening to determine the degree of disability or ill health a future child might experience, the pregnant woman must maintain the right to decide what actions, if any, to take regarding her pregnancy. The woman has the right to full and complete knowledge of options available before deciding what course to take.

Since our society approaches most issues from an economic stand point it is important to point out that the major causes of infant illness and death are not genetic, but result from prematurity and low birth weight caused by poverty and lack of adequate nutrition and prenatal care for mothers. A report of the National Council of Welfare, *"Women and Poverty Revisited"*, indicated that 59% of people living in poverty are women and this remains unchanged since 1977.

The impact of socio-economic conditions on women's reproductive health must not be ignored.

Prevention:

The Advisory Council is sensitive to the needs of infertile women, to have access to safe and appropriate reproductive technologies. We do not minimize the impact of infertility on a woman or couple who desire a child. Nevertheless, more consideration needs to be given to the causes and prevention of infertility. Some of the causes of infertility stem from our social and inter-personal practices. Therefore, preventative programs must emphasize the

personal, social and biological causes and consequences of infertility.

Women must have real choices over the control of their bodies. A social attitude reflecting a positive self-worth would enable women to make the right choice. Society has to be educated so that the public perception is that every woman has the right to control her own body.

Sex education programs should be set up in all schools. Information on safe sex practices with a realistic sexual relationship component should be taught to all students. In view of current dangers such as AIDS, various preventative strategies need to be carefully investigated.

It seems that a greater portion of research funds is allotted for reproductive technologies compared to applied prevention research.

Yet the success rates of reproductive technologies remain low, and the long-term results unknown. It makes more sense to prevent infertility in greater numbers at less cost than to treat a few at great cost.

Recommendations:

A vast amount of research is currently being done on the scientific and technologies aspects of reproductive functions, neonatology, and the ethical questions raised by developments in these areas. However, it is imperative that a great deal more research be conducted on the impact of these developments on women's lives and their ramifications for gender equality. More extensive and detailed studies of how such issues affect women from different ethnic backgrounds, and disabled women are required.

The Advisory Council recommends:

* **THAT further research focus on identifying the causes of infertility, with special consideration to smoking, diet, and possible environmental causes, in both sexes.**

* **THAT research be conducted into the different cultural interpretations of infertility and infertility therapies, among groups of different ethnic backgrounds, the disabled and aboriginal people, and that these findings be taken into consideration in program planning.**

* **THAT effective means be developed to present scientific information on genetic screening in language that is readily understandable to lay people and that it be non-coercive in form.**

* **THAT the Royal Commission on New Reproductive Technologies call for a permanent advisory group to be set up to monitor the new reproductive technologies in regards to moral, legal, social, economic and medical issues. Such a Council should reflect a balanced constituency of technical, legal, ethical and citizen advisors and include a solid representation from the women's community. Women's voices must be heard on all issues that have such serious ramifications to society.**

  The Advisory Council recognizes that because technically complex reproductive issues will continue to evolve, public policy must be flexible and relatively broad. The decisions made by this body must carry considerable weight.

* **THAT as a general rule the organization of hearings for Royal Commissions/ Committees provide for the accommodation of the special needs of women. eg. day-care.**

CONCLUSION:

The far-reaching and rapid technological changes that are taking place in the world today must be considered in terms of their moral and sociological impacts as well as from the strictly scientific viewpoint. All considerations regarding reproductive technologies must take place within an ethical framework. It is necessary to formulate policy to encompass all of these areas. Ignoring them could have devastating effects on all future generations. Because the technology is available does not mean that we must avail ourselves of this technology without closely examining the repercussions. We can still say no.

APPENDIX A

MANITOBA ADVISORY COUNCIL ON THE STATUS OF WOMEN
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September 10, 1990

To All Senators:

The Manitoba Advisory Council advocates a full range of reproductive health care services including counselling, information on safe and effective birth control, and access to abortion should a woman make that choice. This full range of service must be available to all women regardless of their location or financial circumstances.

The proposed legislation to re-criminalize abortion is definitely a step backward in the long struggle for equality for women -- and a step backward in law. Access to services for women with lower education, lower income and those women who may not be assertive -- and perhaps be unaware of their right to seek second opinions, or to identify which doctors hold the same philosophies they hold, will result in allowing others to control women. This situation is unacceptable.

Legislation of this kind could drive these women back to the back alley butchers and dangerous home remedies for unwanted pregnancies.

Abortion is not a method of birth control. Prevention of pregnancy is birth control. When prevention fails, abortion is an option no woman chooses with ease. But women must have the right to equal access to this option, and to counselling services prior to and after the procedure, so that the decision, if taken, is an informed one, and the chance of having to face this decision in the future is effectively reduced.

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This proposed legislation not only takes control of their own destinies and bodies away from women, but also puts doctors in a grey area, where they may be threatened with criminal procedures if they perform abortions. Conditions for prosecution are unclear. As a result, doctors are already withdrawing their services from women needing abortions, for fear of prosecution. Anti-abortionists are actively recruiting women who will agree to prosecute physicians, and they are harassing the families of the physicians who do provide abortion services. Passage of this legislation will only cause more unequal access to safe and legal abortion services in Canada.

The World Health Organization estimates that over 200,000 women's lives annually, are lost to abortion, performed illegally by unskilled practitioners, or self-induced by desperate women. Deaths related to illegal abortions can only be estimated because few countries keep statistics on such deaths. Abortion related illnesses and deaths are an invisible plague. Inevitably, Canadian women who are desperate, and who live in areas where abortion services are unavailable, will also turn to illegal abortions to terminate unwanted pregnancies.

In Worldwatch Paper 97: The Global Politics of Abortion, Jodi L. Jacobsen cites research studies done by the Transnational Family Research Institute on the effects of different approaches to family planning. These studies demonstrate that it is not liberal access to abortion procedures that leads to increased numbers of abortions, but lack of access to contraceptive services and family planning counselling. Clearly, given a choice, women do not use abortion as a preferred method for birth control.

The Advisory Council has long been advocating increased funding for family planning services. We firmly maintain that this is the only policy that will lead to a decreased need for abortions.

In summary then, this legislation will:

i) re-criminalize abortion, a regressive step in law;

ii) lead to unequal access to safe and legal abortion services, thus driving desperate women to return to "back alley butchers";

iii) put physicians in an untenable position, because they may become liable to prosecution for performing a service they believe to be medically sound; and

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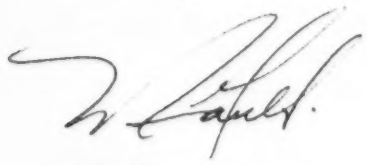
iv) last, but by no means least, once again put women in the unacceptable position of not being allowed to make decisions about their own bodies and their own lives.

The Manitoba Advisory Council on the Status of Women strongly urges you to reject this legislation re-criminalizing abortion and to leave the decision-making where it belongs - with the woman and her physician.

Sincerely,



Marilyn Gault
Chairperson

File #: 46.100/RR

c.c. The Right Honourable Brian Mulroney, Prime Minister
The Honourable Perrin Beatty, Minister of Health & Welfare
The Honourable Kim Campbell, Minister of Justice
Manitoba Federal Members of Parliament
Members of the Manitoba Legislative Assembly
Federal/Provincial/Territorial Ministers responsible for the Status of Women
Federal/Provincial/Territorial Advisory Councils
Manitoba Media
Council Members